



## PART B - FEE(S) TRANSMITTAL

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Washington, D.C. 20231

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01/11/2002

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801 GRAND AVENUE SUITE 3200  
DES MOINES, IA 50309

Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

## Certificate of Mailing

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

JANE WAGNER	(Depositor's name)
<i>Jane Wagner</i>	(Signature)
2-14-02	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/437,449	11/10/1999	VJAY KUMAR	P04176US0	7991

TITLE OF INVENTION: PALATABLE, SUSTAINED RELEASE DRUG GRANULES

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
14	nonprovisional	YES	\$640	\$0	\$640	04/11/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
HOWARD, SHARON LEE	1615	424-497000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**MCKEE, VOORHEES & SEASE, P.L.C.**  
801 Grand Ave., Suite 3200  
DES MOINES IOWA 50309-0721

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

UNIVERSITY OF IOWA RESEARCH FOUNDATION IOWA CITY, IOWA

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 26-0084 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

2-14-02

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